Case Number:	CM13-0041521		
Date Assigned:	12/20/2013	**Date of Injury:**	12/16/2007
Decision Date:	03/11/2014	**UR Denial Date:**	10/10/2013
Priority:	Standard	**Application Received:**	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 63-year-old female presenting with bilateral shoulder pain following a work-related injury on December 16, 2007 and then later on August 15, 2010. The pain is described as severe in the left shoulder and all aching pain in the right shoulder which is intermittent in frequency. The physical exam was significant for well-healed arthroscopic portal scars of bilateral shoulders, tenderness of the anterior subacromial region of the bilateral shoulders, muscle strength of the elevator, depressor, protractor and retractor was 3+ to 4 minus/5 on the right, 4 minus to 4/5 on the left, mild positive Neer and Hawkins Kennedy impingement test bilaterally. X-rays revealed evidence of bilateral rotator cuff arthropathy, right greater than left with approximately migrating humerus and evidence of degenerative joint disease of the glenohumeral articulation, ossification of the greater tuberosity with sclerosis, distraction and sclerosis of the acromion with absence of the subacromial , erosion of the acromion and humeral head in conjunction with the absence of the subacromial space. X-ray of the left shoulder revealed type II acromion with lesser degenerative change. The claimant was diagnosed with status post reconstructive surgery, bilateral shoulders, cuff tear arthropathy, right shoulder, history of chronic lumbar pain syndrome, status post L1-2 transverse process fracture.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Prescription of POS-Menthoderm ointment day supply: 30 qty: 120 refills: 0.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 111-113 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics. page(s) 111-112.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with post reconstructive surgery, bilateral shoulders, cuff tear arthropathy, right shoulder, history of chronic lumbar pain syndrome, status post L1-2 transverse process fracture; therefore, the compounded mixture is not medically necessary.

Prescription of CMPD-Flurbipro/Ethoxy Li/Pentravavn day supply: 30 qty: 120 refills: 0.0:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, pages 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): page(s) 111-112.

Decision rationale: CMPD-Flurbipro/Ethoxy Li/Pentravavn day supply: 30 qty: 120 refills is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. In regards to Flurbiprofen, which is a topical NSAID, MTUS guidelines indicates this medication is for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the medication is not medically necessary.